



# LAMBDA KAPPA SIGMA MASTER MEMBER INPUT SHEET (MMIS)

*Please print or type all information*

Date of Report: \_\_\_\_\_

Member Classification:  Student  Alumni

Member Status:  New  Active  
 Inactive  Resigned/Quit

Purpose of Report:  New Initiate  Name/Address Change  Graduation Notice  
 Resignation  Chapter Change  Other \_\_\_\_\_

## MEMBER NAME AND CONTACT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address1: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address2: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth (MM/DD/YEAR): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FRATERNITY AND PROFESSIONAL INFORMATION

Chapter Name: \_\_\_\_\_ School: \_\_\_\_\_

Initiation Date (MM/DD/YEAR): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Year of Graduation (YEAR): \_\_\_\_\_

Occupation:  01-Institutional  02-Retail  03-Instructor/Teacher  04-Industry  
 05-Other  06-Retired  07-Student

Return completed form to:

Lambda Kappa Sigma  
W179 S6769 Muskego Drive  
Muskego WI 53150  
800-LKS-1913  
262-679-4558 Fax  
[lks@lks.org](mailto:lks@lks.org) or [www.lks.org](http://www.lks.org)

*For office use only*

Date Rec'd: \_\_\_\_\_

Date Pd: \_\_\_\_\_ Ck#: \_\_\_\_\_

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_